

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10-69,797 FILING DATE  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	D.P.	IND.	D.P.	IND.	D.P.					
1	1						61				
2		1					62				
3		2					63				
4		2					64				
5		0					65				
6		0					66				
7		0					67				
8		0					68				
9		0					69				
10		0					70				
11		0					71				
12		0					72				
13		0					73				
14		0					74				
15		0					75				
16		0					76				
17		0					77				
18		0					78				
19		0					79				
20		0					80				
21		0					81				
22		0					82				
23							83				
24							84				
25							85				
26							86				
27							87				
28							88				
29							89				
30							90				
31							91				
32							92				
33							93				
34							94				
35							95				
36							96				
37							97				
38							98				
39							99				
40							100				
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	1						TOTAL IND.				
TOTAL D.P.	23						TOTAL D.P.				
TOTAL CLAIMS	24						TOTAL CLAIMS				